	VEL I	FORNIA - DEPARTMENT OF PERS EXPENSE CLAIM 9/2007)	SONNEL ADMINI	STRATION			s and *Pr Reverse :					1 .	1			
CLAIMANT'S NAME							SSN or EMPLOYEE NUMBER*					Page of Pages				
Elona Baum							CONSIDER NOWINGER				Legal					
POSITION CB/ID No.							DIVISION or BUREAU				INDEX NUMBER					
General Counsel							CIRM									
RESIDENCE ADDRESS *							HEADQUARTERS ADDRESS						TELEPHONE NUMBER			
CITY STATE ZIP CODE							210 King	Street			STATE		ZIP CODE			
OTATE ZIF GODE							SF				CA		94107			
(1) NORMAL WORK HOURS								(2) PRIVATE VEHICLE LICENSE NUMBER				(3) MILEAGE RATE CLAIMED				
								LE LIGHTOL NOMBER					0.555			
(4) MONTH/YEAR		(6)	(7)	(8)	MEALS		(9)	(10) TRANSPORTA			ATION		(11)	(12)		
6-17-0 6-2012		LOCATION WHERE EXPENSES			O.T., L/			(A) (B)		(C)	(D)		1	TOTAL		
(5)	TIME	WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELO	INCIDEN- TALS	COST OF TRANS.	TYPE USED	CARFARE, TOLLS,		TE CAR USE	BUSINESS EXPENSE	EXPENSES FOR DAY		
6-14	TIVIE	Meeting with Morgan Lewis i	n			DINNER				PARKING	MILES					
0-14.		Palo Alto	#				-				87.00	48.29		48.29		
												0.00		0.00		
												0.00		0.00		
												0.00		0.00		
												0.00		0.00		
												0.00.		0.00		
						-						0.00		0.00		
												0.00		0.00		
												0.00		0.00		
	* With Manhagen and September											0.00		0.00		
												0.00		0.00		
												0.00		0.00		
(13)		SUBTOTALS	0.00	0.00	0.00	0.00	0.00	0,00		0.00	87.00	48.29	0.00	48.29		
COL	UMN (CODE (ACCTG. USE ONLY)			The State of the					01.00		0.00			
	CLAIM TOTAL													\$48.29		
(14) PUF	POSE C	OF TRIP, REMARKS AND DETAILS (A	Attach receipts/vo	ouchers when	required)						۸,	SENCY ACC	CUNTING	OFFICE		
6-14-12 Meeting in Palo Alto with Morgan Lewis.											AGENCY ACCOUNTING OFFICE USE ONLY					
											PAID BY REVOLVING FUND CHECK NUMBER					
			-													
(15)	HEREB	BY CERTIFY That the above is a true	statement of the	e travel exper	nses incurred	by me in ac	cordance wit	h DPA rules i	in the ser	vice of the State	of Californ	nia. If a privat	ely owned ve	hicle was		
CLAIMAN	SAM Sec	BY CERTIFY That the above is a true d if mileage rates exceed the minimuctions 0750, 0751, 0752, 0753 and 07	54 pertaining to v	ehicle safety	and seat belt	usage.	s equal to or	greater than	ine rate	ciaimed, and that	ı nave m			cribed by		
_				1 7K	211,-							IT DA	_			
B				1100	1/12								7.23.	12		
(17) SPE	(T			(See Item 17	ol reverse)	\						DA	TE			